

## CORRESPONDENCE.

---

### INFLUENCE OF PREGNANCY ON CANCER OF THE BREAST.

EDITOR ANNALS OF SURGERY:

SIR:—The symposium on cancer of the breast in your July number covers the ground very satisfactorily except in one particular, viz: the relations of pregnancy to the disease in question. All surgeons are aware, and the point is emphasized in many text books, that cancer of the breast under the stimulus of pregnancy takes on a specially malignant character and runs a furiously rapid course. This fact was sadly exemplified in my experience a dozen years ago. A lady aged 29, mother of three children, became pregnant for the fourth time. She had had an abscess of the breast after her first confinement and there remained a nearly imperceptible cicatrix in the gland. This made no trouble during two succeeding pregnancies. About the third month of her fourth pregnancy, however, she complained that this old scar was enlarged and tender. Examination showed a swollen indurated mass and axillary and supra clavicular lymphatics enlarged. A well known surgeon saw her with me at once, diagnosed carcinoma of rapidly malignant type, and did a thorough extirpation of the breast and all lymphatic connections. The wound healed kindly, but in spite of the sweeping thoroughness of the removal the disease seemed scarcely to have been checked. It broke out at once all over the area of operation, ulcerating and discharging, and finally involved the pleura. I brought on labor early in the eighth month, saving the child, now a well-grown healthy boy; but the young mother died in what would have been the ninth month of pregnancy.

I was thus in a measure familiar with the behavior of mammary cancer in pregnancy, but it needed another case to open my dull eyes to the important corollary deducible from this knowledge.

In March, 1905, I operated for cancer in a lady aged 36, mother of three children, doing the usual thorough removal of

axillary contents, and a wide circumsection of the breast, necessitating skin-grafts to close the defect. The wound healed well, only a soft pliable scar remaining. All went smoothly till in December, 1905, the patient reported herself two months' pregnant, and examination verified her suspicion. Her danger was instantly clear to me, and I recommended termination of the pregnancy in order to avert the danger of its re-lighting the disease. This view being concurred in by a consultant, I emptied the uterus of a two month's embryo.

But even at the second month we were too late. I had thought the scar a trifle red and hard before the curettage, but soon after there could be no doubt. A flame of reddened lymphatics spread from the scar to the other breast, which was swollen and glossy with indurated œdema. The patient recognized her own condition and asked: "Did my pregnancy bring this back again?" I had no need to answer; she read the truth, and asked again: "*Then why did you not warn me?*" Sure enough, why had I not warned her?

Before the assizes of conscience I have pleaded that the thought was a new one to me, that I had not read or heard that women should be warned against pregnancy after extirpation of cancer of the breast; but I have never been able to clear myself of blame for this woman's shortened life, and I propose in future to include this warning in my duties to such patients.

It may be that others have recognized this duty, but if so they have neglected, so far as I know, to acquaint the profession with what now seems to me an important rule of conduct, viz., to warn breast cases of the danger of pregnancy.

WILLIAM S. CHEESMAN,

AUGUST 8, 1907.

Auburn, N. Y.

---

#### TO CONTRIBUTORS AND SUBSCRIBERS.

All contributions for Publication, Books for Review and Exchanges should be sent to the Editorial Office, 386 Grand Avenue, Brooklyn, N. Y.

Remittances for subscriptions and advertising and all business communications should be addressed to the

ANNALS OF SURGERY,

227-231 South Sixth Street, Philadelphia.